

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION**

Application Number	10/659,211
Filing Date	9/9/2003
First Named Inventor	Kelleher et al.
Title	Device and Method for Endoluminal Therapy
Art Unit	4123
Examiner Name	CAMPBELL, VICTORIA P
Attorney Docket Number	END01US

I hereby FURTHER appoint:

☒ Practitioners associated with the Customer Number:

26338

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

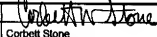
Email

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant

Signature		Date	1/21/07
Name	Corbett Stone	Telephone	858-613-1200
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION**

Application Number	10/859/211
Filing Date	9/9/2003
First Named Inventor	Kelleher et al.
Title	Device and Method for Endoluminal Therapy
Art Unit	4123
Examiner Name	CAMPBELL, VICTORIA P
Attorney Docket Number	END01US

I hereby FURTHER appoint:

☒ Practitioners associated with the Customer Number:

26338

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

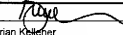
Email

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE OF Applicant

Signature		Date	11-21-07
Name	Brian Kelleher	Telephone	858-613-1200
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.